

**Pre & Post Dialysis Assessment**

Date: \_\_\_\_\_

**PRE DIALYSIS ASSESSMENT**

\_\_\_\_\_ Patient Offers No Complaints  
\_\_\_\_\_ Patient Offers Complaints of: \_\_\_\_\_

**I CARDIAC**

\_\_\_\_\_ Pulse Regular  
\_\_\_\_\_ Pulse Irregular  
\_\_\_\_\_ Tachycardia  
\_\_\_\_\_ Bradycardia  
\_\_\_\_\_ Chest Pain

**II RESPIRATORY**

\_\_\_\_\_ Lungs Clear  
\_\_\_\_\_ Dyspnea  
\_\_\_\_\_ Crackles  
\_\_\_\_\_ Wheezes  
\_\_\_\_\_ O2 at \_\_\_\_\_ liters via NC Mask

**III MENTAL**

\_\_\_\_\_ Alert  
\_\_\_\_\_ Disoriented  
\_\_\_\_\_ Drowsy

**IV GI COMPLAINTS**

\_\_\_\_\_ Constipation  
\_\_\_\_\_ Diarrhea  
\_\_\_\_\_ Nausea  
\_\_\_\_\_ Vomiting

**V FLUID ASSESSMENT**

\_\_\_\_\_ Jugular Vein Distension  
\_\_\_\_\_ Periobital Edema  
\_\_\_\_\_ Extremity Edema  
\_\_\_\_\_ Slight  
\_\_\_\_\_ Moderate  
\_\_\_\_\_ Pitting

**VI ACCESS APPEARANCE**

\_\_\_\_\_ Normal Patient  
\_\_\_\_\_ Edema  
\_\_\_\_\_ Signs and Symptoms of Infection  
\_\_\_\_\_ Difficult Cannulation

**POST DIALYSIS ASSESSMENT**

\_\_\_\_\_ Patient Offers No Complaints  
\_\_\_\_\_ Patient Offers Complaints of: \_\_\_\_\_

**I CARDIAC**

\_\_\_\_\_ Pulse Regular  
\_\_\_\_\_ Pulse Irregular  
\_\_\_\_\_ Tachycardia  
\_\_\_\_\_ Bradycardia  
\_\_\_\_\_ Chest Pain

**II RESPIRATORY**

\_\_\_\_\_ Lungs Clear  
\_\_\_\_\_ Dyspnea  
\_\_\_\_\_ Crackles  
\_\_\_\_\_ Wheezes  
\_\_\_\_\_ O2 at \_\_\_\_\_ liters via NC Mask

**III MENTAL**

\_\_\_\_\_ Alert  
\_\_\_\_\_ Disoriented  
\_\_\_\_\_ Drowsy

**IV GOALS**

\_\_\_\_\_ At Target Weight  
\_\_\_\_\_ Over Target Weight  
\_\_\_\_\_ Below Target Weight  
\_\_\_\_\_ Unable to Weigh

**V Discharge**

\_\_\_\_\_ Home  
\_\_\_\_\_ Hospital  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

**VI ACCESS APPEARANCE**

\_\_\_\_\_ Normal Patient  
\_\_\_\_\_ Edema  
\_\_\_\_\_ Signs and Symptoms of Infection  
\_\_\_\_\_ Prolonged Bleeding  
\_\_\_\_\_ Dressing Change

Therapist Signature: \_\_\_\_\_ Date &amp; Time: \_\_\_\_\_